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ABSTRACT

This conference presentation describes a six-week intervention training program for parents with children who exhibit negative behavior (noncompliance, temper tantrums, whining). The focus of the program is to increase positive parent-child interaction, as well as to teach parents how to make and follow through on commands to their children. Children who are considered for intervention by the program are evaluated using the Eyberg Child Behavior Inventory, a temperament questionnaire developed by Thomas and Chess, and observational data. In addition, parent-child interaction is observed in a free-play situation, and in a parent-directed play situation. The first phase of the program teaches the parent to attend to and praise their child's appropriate behavior and to eliminate questions and commands. The second phase centers on training the parents to control their child by giving clear, direct commands, warning the child as to the consequences of noncompliance, and using time-out procedures on noncompliance. Data is presented on the effectiveness of the program with six preschool children. For four of the six children there was a reduction in the number and intensity of problem behaviors. (Author/SS)

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A Model for Early Intervention in Maladaptive Mother-Child Dyads[1]

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For the past 6 years a staff of psychologists, social workers and nurses from the Division for Disorders of Development and Learning have offerred services to parents on child development and management in a private pediatric office (Schroeder, Goolsby & Stangler 1975). The goal of the program is to provide parents information and help at the time a problem or concern arises and consequently, prevent the occurrence of major problems. This is done through three services: a Call-In hour twice a week; a Come-In time 4 hours a week where parents can make appointments to discuss these concerns; and evening parents meetings three times a month which focus on development and management at different ages. Records of each parent contact have been kept and each summer a telephone follow-up has been conducted with the parents who have used the Call-In and Come-In services during the previous year (Mesibov, Schroeder & Wesson, 1977; Schroeder, 1979). This follow-up provides information on the over-all effectiveness of the services as well as giving information on the effectiveness of specific intervention suggestions.

One category of problem behavior that has consistently accounted for the highest or next to highest number of calls, 14-15%, is negative behavior. We've defined negative behavior as behaviors directed towards the parent such as non-compliance, opposition, temper tantrums and whining. Depending on the investigator, children exhibiting these behaviors are also called conduct problems (Peterson, 1961), acting-out (Levitt, 1971), uncontrollable (Adionico & Guerney, 1967), aggressive (Patterson, Cobb & Ray, 1973), oppositional (Wahler, 1968), non-compliant (Forehand & King, 1974), active behavior problems (Thomas, Chess, & Birch, 1968) and antisocial (Robbins, 1966). Of the 24 children that parents call us about in 1977-78 with the primary complaint of negative behavior 75% were 6 years of age or younger. In addition to the primary problem of negative

behavior, 14 of the 24 mothers also asked for help with problems such as toileting problems, sibling/peer problems and problems in pre-school. When we followed up on these children, we found that while the parents rated the specific suggestions given as very effective, 18 (100%) of the parents of the preschool aged children said they continued to have problems with negative behavior. When we asked if they had any additional concerns or problems, 16 of the 18 parents reported on the average an additional 7.4 categories of behavior causing them concern including such problems as sibling problems, specific bad habits and the parent feeling negative toward the child.

These data were surprising; on the one hand the parents rated the intervention suggestions as very effective, yet at the same time, they reported continued problems with negative behavior and also had many additional concerns.

These findings prompted us to attempt an early intervention program with these "negative" children and their parents and it is this program that will be the focus of our talk today. We are using a six-week parent training program that was originally developed by Connie Hanf (Note 1) at the University of Oregon and subsequently modified by Forehand and King (1977). The focus of the program is to increase positive parent-child interactions as well as to teach parents how to make and follow through on commands to their children. We felt that through the use of this intervention program, we could ameliorate the present problems and prevent the occurrence of subsequent behavioral difficulties. Now when a parent, particularly of a pre-schooler, contacts the Call-In, Come-In Services with a primary complaint of child negative behavior, we attempt to determine if the presenting problem is a specific problem such as bed time or toileting problems or if the negative behavior occurs across many situations and is an indicator of more serious problems in the parent child interaction. If we have concern about the parent-child interaction, we tell them about the parent training program. Today we will describe the program and its effectiveness with six children.

In order to evaluate the seriousness of the child's problem behaviors, we are currently using the Eyberg Child Behavior Inventory (Eyberg & Ross 1978).

SLIDE 1

This is a 36 items checklist filled out by the parents and offers several advantages as a screening instrument. First, the inventory has two scales: a problem scale to identify specific areas of concern and a seven point intensity scale to indicate how often these behaviors occur. Problem areas other than the primary complaint of the parents when contacting the Call-In, Come-In Service can thus be readily identified. Second, standardization data is available on the inventory. Eyberg and Ross use a cutoff of 11 problem areas and 127 on the intensity scale as the upper limit of normal. The Eyberg scores for the six preschool

SLIDE 2

children we have seen since implementing the parent training program are shown in this slide. It can be seen that all of the children show either over 11 problem areas or over 127 on the intensity scale and in most instances show elevations on both scales. Thus, these parents using the Call-In, Come-In service with a primary complaint of negative behaviors represent a population of children who should be receiving treatment for behavior problems at the present time and not at some future date when the increase in number and intensity of the problems finally forces parents to seek treatment.

In an attempt to better understand the variables responsible for behavior problems in childhood, we also are collecting data on temperament. The data from the New York Longitudinal Study (Thomas, Chess & Birch, 1968) indicate that children who are temperamentally difficult are at risk for the development of behavior problems. These are children who show negative mood, low rhythmicity, low adaptability, high intensity, and tend to respond to new situations by withdrawing. According to parental report on the temperament questionnaire developed by Thomas and Chess (1977) 5 of the 6 children we have seen would be categorized as difficult. The one "not difficult" child did have a very low mood score and very

high intensity score. Thus in all instances parents describe these children as not very reinforcing to be around. If, in fact, difficult temperament is an indicator of an increased risk for the development of behavior disorders, the children in our sample definitely evidence temperaments that could cause difficulty later in life.

As long as we had parents in a questionnaire answering set, we decided to collect data on the temperament of the mother. Using the EASI-III temperament survey described by Buss and Plomin (1975) we are beginning to see temperamental characteristics of the mother that could be contributory to the behavior problems of the child. In particular, the mothers of the children we have seen describe themselves as seeking a low level of stimulation and being extremely persistent. Given that their children tend to be very intense and engage in a high rate of attention seeking behaviors, it is not surprising that these mother-child dyads are experiencing difficulties.

Observational data is also used to assess the seriousness of the problems, and to serve as a baseline to measure the effectiveness of our intervention. Parent child interaction is assessed in two different situations. One situation, which we call the child's game, is a free-play where the parent is instructed to play with their child much as they might at home for 10 minutes. The parent is told that this is their child's time and to let him do whatever he wishes (age appropriate toys are provided). Forehand's normative data (Forehand, King, Peed & Yoder, 1975) indicates that in this situation parents of behavior problem children typically use a high rate of commands in spite of the non-demanding nature of the interaction. The parent behaviors coded during this interaction are commands, questions, praise and attend; the definitions of these behaviors and the method of recording are from Forehand, Reed & Roberts (Note 2).

SLIDE 3

From this slide it can be seen that the mothers of these children used a high rate of commands, a high rate of questions and a very low rate of praising and attending. Even in a free play situation the mothers are attempting to keep a lid on their child's behavior through directive comments.

The second assessment situation is what we call the parent's game. In this situation the parents are given a list of 5 toys and told to play with that toy and only that toy for 2 minutes, them move on to the next toy and play with that toy for 2 minutes, etc. The parent is told that now it is their turn to direct their child's play and that they are in charge. Forehand et al (1975) found that in this situation, behavior problem children comply to less than 45% of the parents commands while non-clinic, control children typically comply to more than 55% of their parents commands.

SLIDE 4

The children we have seen comply to fewer than 30% of their parents commands. In addition, we assess:

1) Are the parent's commands direct and clear?

2) Are the commands within the child's level of comprehension?

3) Does the parent positively consequate the child's compliance to commands?

Using two separate measures to assess the child's behavior, it appears that the parents using the Call-In, Come-In Service are having problems with their children that are at least as serious, if not more serious, than clinical populations reported in the literature (e.g. Eyberg & Ross, 1978; Forehand, et al , 1975; Forehand, Sturges, McMahon, Aguar, Green, Wells & Breiner, 1979).

The first stage of the parent training program is to teach the parent to attend to and praise their child's behavior and to eliminate questions and commands. Praise is fairly self-explanatory, but a definition of attending is probably in order. Attending is defined as descriptive phrases that follow the child's behavior and describe the child's on-going behavior, his spatial orientation or

appearance, or his internal state of being.

Parents are instructed to spend 20 minutes/day playing with their child using attending and praising and eliminating commands and questions. This not only serves to give the parents practice, but insures the child of at least 20 minutes of quality attention from the parent.

The criteria we use for moving on in the parent training program is a rate of attending and praising of 12/min. This is a considerably higher criteria than 4/min. used by Peed, Roberts & Forehand (1977). We do not expect parents to do this at all times when interacting with their child, but we want them to feel comfortable using this skill. We have also found that if parents are not able to focus in on the child's appropriate behavior through the use of attending and praising, subsequent portions of the program are not as effective.

Phase II of the parent training program initially centers on training the parents to control their child. Once parents have learned to attend and praise, many children still have behavior problems. Most parents verbally report a decrease in behavior problems once they start attending and praising, but in most instances it is necessary to train parents in control procedures in order to completely eliminate these problems.

There are three separate skills parents must acquire to effectively carry out the control procedures. These skills are giving clear, direct commands; warning the child as to the consequences of his noncompliance; and using a mild form of punishment (time out) contingent on noncompliance.

Commands

Many parents get into trouble with their children because they give poor commands.

GOOD COMMANDS have 4 features:

1) They clearly specify the child behavior to be initiated.

2) They can be initiated immediately.

3) Only one command at a time is given.

4) The command is within the child's level of comprehension.

When teaching the parents to use commands, it is also necessary to teach them:

1) To catch the child obeying. When the child initiates compliance to the command the parent should attend.

2) That when the child has carried out the command, the parent should praise the child.

WARNINGS

When the parent gives a command, he should count to five. If the child has not initiated compliance with the command, a warning should be given. The warning should take the form of an IF ..... THEN statement.

If you don't hang up your coat, you will have to sit in the chair.

TIME-OUT

After giving the warning, the parent should again count to five. If the child does not initiate compliance, time-out should be used immediately. If the child gets out of the time-out chair, we have the parent give a warning the first time--"If you get off that chair once more before I tell you you can, I'm going to spank you." If he gets off the chair again, we have the parent go over to him quickly and give him two swats on the seat while saying "You got off the chair when I told you not to."

SLIDE 5

It can be seen from the data that the children are generally complying with the parents' commands and the parents are consequating that compliance at a high rate.

At this point, parental report on the Eyberg Behavior Inventory also reflects improvement in most instances.

SLIDE 6

For 4 of the 6 subjects there is a large reduction in both the number of problem areas and the intensity of the behavior. In instances where behavior problems still are present, the training program becomes more individualized and targets

individual problems. The parents now have the skills to effectively consequate both appropriate and inappropriate behavior and are in a better position to successfully carry out specific behavior change programs.

In summary, data collected in evaluating the effectiveness on the Call-In, Come-In Service carried out through a local pediatric office indicated the need for an early intervention program for preschool aged children evidencing negative behaviors. In the past, these children and parents were provided with no service except suggestions on handling problem behaviors through the Call-In, Come-In Service. The effectiveness of these suggestions in alleviating the problems the parents were having with their children was questionable in that follow-up data indicated an increase in the number of concerns on the part of the parents.

Our plans are to continue to use the Eyberg Behavior Inventory as a screening instrument with parents using the Call-In, Come-In Service with a primary complaint of negative child behavior. If it appears that the problem behaviors are indicative of problems in the parent-child interaction, we can now offer an intervention designed to change this interaction and ameliorate the behavior problems. By interfacing the parent training program with the Call-In, Come-In Service, we have attempted to intervene in maladaptive mother-child dyads as soon as possible. We do not yet have follow-up data on the children seen during the past year, but our intention is to follow these children in order to evaluate the long term effectiveness of our intervention. Parents of school age children with behavior difficulties often report a long history of problem behaviors. It is only when these children reach the more standardized environment of the classroom that their behavioral difficulties become more evident. Our aim is to prevent these later difficulties by early intervention to improve mother-child interaction.

In addition to early identification and treatment for children with conduct disorders, we are attempting to identify temperamental characteristics of these children and their parents. Such characteristics may provide information about

why some mother-child dyads adapt to each others behavior and others evidence maladaptive interaction. These same temperamental characteristics could also help us predict success or failure of our intervention program.

FOOTNOTES

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EYBERG BEHAVIOR INVENTORY
SELECTED ITEMS

	How often does this occur with your child?							Is this a problem for you?	
	Never	Seldom	Sometimes		Often		Always		
1. Dawdles or lingers at mealtime	1	2	3	4	5	6	7	Yes	No
2. Slow in getting ready for bed	1	2	3	4	5	6	7	Yes	No
3. Refuses to go to bed on time	1	2	3	4	5	6	7	Yes	No
4. Refuses to obey until threatened with punishment	1	2	3	4	5	6	7	Yes	No
5. Argues with parents about rules	1	2	3	4	5	6	7	Yes	No
6. Cries easily	1	2	3	4	5	6	7	Yes	No
7. Yells or screams	1	2	3	4	5	6	7	Yes	No
8. Constantly seeks attention	1	2	3	4	5	6	7	Yes	No
9. Has short attention span	1	2	3	4	5	6	7	Yes	No
10. Fails to finish tasks or projects	1	2	3	4	5	6	7	Yes	No

EYBERG BEHAVIOR INVENTORY (PRE)

	INTENSITY	PROBLEM
JS	155	14
SF	151	12
RS	175	18
EB	131	9
CM	122	16
KM	175	21

CHILDS GAME (PRE)

	PRAISE	ATTENTION	COMMANDS	QUESTIONS
JS	.5	.1	3.0	1.9
SF	.4	0	2.0	3.1
RS	.3	0	3.0	2.0
EB	.7	.2	2.3	5.3
CM	.4	.2	2.1	3.4
KM	.1	.3	3.0	3.0

		PARENTS GAME (PRE)	
	COMMANDS	COMPLY/COMMAND	PRAISE/COMPLY
JS	4.7	15%	80%
SF	2.1	7%	0
RS	6.3	4%	0
EB	3.3	0	0
CM	5.6	27%	0
KM	7.8	10%	16%

PARENTS GAME (POST)

	COMPLY/COMMAND	PRAISE/COMPLY
JS	96%	59%
SF	93%	77%
RS	45%	75%
EB	80%	88%
CM	100%	86%
KM	91%	95%

EYBERG BEHAVIOR INVENTORY

	INTENSITY		PROBLEM	
	PRE	POST	PRE	POST
JS	155	127	14	4
SF	151	88	12	0
RS	175	190	18	25
EB	131	107	9	2
CM	122	132	16	24
KM	175	131	21	10

REFERENCE NOTES

1. Hanf, C. & Kling, J. Facilitating parent-child interaction: A two stage training model. Unpublished manuscript, University of Oregon Medical School, 1973.

2. Forehand, R., Peed, S. & Roberts, M. Coding manual for scoring mother-child interactions. Unpublished manuscript, Univeristy fo Georgia, 1975.

REFERENCES

Andronico, M.P. & Guerney, B.G. The potential application of filial therapy to the school situation. Journal of School Psychology, 1967, 6, 2-7.

Buss, A.H. & Plomin, R. A temperament theory of personality development. New York: Wiley, 1975.

Eyberg, S.M. & Ross, A.W. Assessment of child behavior problems: The validation of a new inventory. Journal of Clinical Child Psychology, 1978, 1, 113-116.

Forehand, R. & King, H.E. Pre-school children's noncompliance: Effects of short term behavior therapy. Journal of Community Psychology, 1974, 2, 42-44.

Forehand, R. & King, H.E. Noncompliant children: Effects of parent training on behavior and attitude change. Behavior Modification, 1977, 1, 93-108.

Forehand, R., King, H.E., Peed, S. & Yoder, P. Mother-child interactions: comparisons of a non-compliant clinic group and a non-clinic group. Behavior Research and Therapy, 1975, 13, 79-84.

Forehand, R., Sturges, E.T., McMahon, R.J., Aguar, D., Green, K., Wells, K.C. & Breiner, J. Parent behavioral training to modify child noncompliance. Behavior Modification, 1979, 3, 3-25.

Levitt, E.E. Research on psychotherapy with children. In A.E. Bergin & S.L. Garfield (Eds.), Handbook of psychotherapy and behavior change. New York: Wiley, 1971.

Mesibov, G., Schroeder, C. & Wesson, L. Parental concerns about their children. Journal of Pediatric Psychology, 1977, 2, 13-17.

Patterson, G.R., Ray, R.S. & Shaw, D.A. Direct intervention in families of deviant children. Oregon Research Institute Bulletin, 1968, 8(9).

Peed, S., Roberts, M. & Forehand, R. Evaluation of the effectiveness of a standardized parent training program in altering the interactions of mothers and their noncompliant children. Behavior Modification, 1977, 1, 323-350.

Peterson, D.R. Behavior problems of middle childhood. Journal of Consulting Psychology, 1961, 25, 205-209.

Robins, L.N. Deviant children grown up. Baltimore: Williams and Wilkins, 1966.

Schroeder, C.S. Psychologists in a private pediatric practice. Journal of Pediatric Psychology, 1979, 4, 5-18.

Schroeder, C.S., Goolsby, E. & Stangler, S. Preventive services in a private pediatric practice. Journal of Clinical Child Psychology, 1975, 4, 32-33.

Thomas, A. & Chess, S. Temperament and development. New York: Brummer/Mazel, 1977.

Thomas, A., Chess, S. & Birch, H.G. Temperament and behavior disorders in childhood. New York: New York University Press, 1968.